

Name in Full		Adams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	M <sup>c</sup> Conchur		Chas		MARYLAND	
	Date of death	1909	Month 10	Day 12	Age	Years	Months Days
	Sex	Male		Color or Race	Black		Birth-place
	Occupation	None		Where Residing if not at place of death		" " "	
	Married, Single or Widowed	Single		Name of Wife or Husband		None	
	Father's Name	James Adams				Father's Birthplace	Chas Co <sup>ty</sup> Md
	Mother's Maiden Name	Margaret Sims				Mother's Birthplace	" " "
PHYSICIAN OR CORONER	Name of person giving information	James Adams				How related to deceased	Father
	CAUSES OF DEATH						
	Primary	Still Born				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		None
					Address		
	Accident or Suicide?				W. F. Browner		

W. F. Browne  
Dec Reg

Name  
in  
Full

John T. Boorman

## CERTIFICATE OF DEATH

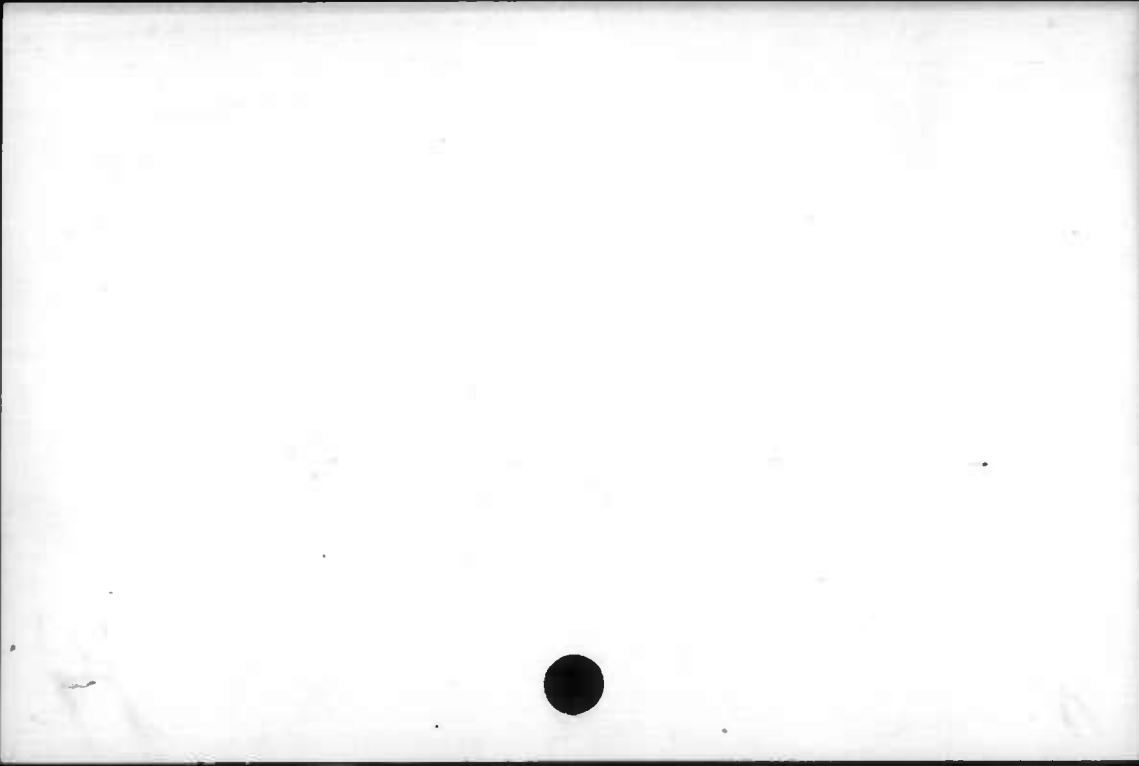
Died at <i>Spring Hill</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	1909	Month	Oct	Day	15 <sup>th</sup>
Age	63	Years		Months	
Sex	male	Color or Race	colored	Birth-place	Charles Co
Occupation	farmer		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Emma Boorman		
Father's Name	John H Boorman		Father's Birthplace	Charles Co	
Mother's Maiden Name	Jane Hendall		Mother's Birthplace	Charles Co	
Name of person giving Information	W. H. Boorman		How related to deceased	son	

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary	<i>Valvular Disease of Heart</i>	How long	<i>5 or 6 years</i>
Immediate	<i>General suppurative endocarditis</i>	How long	<i>4 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. S. Owen M.D.</i>
		Address	<i>La Plata Md</i>
Accident or Suicide	<i>no</i>		

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

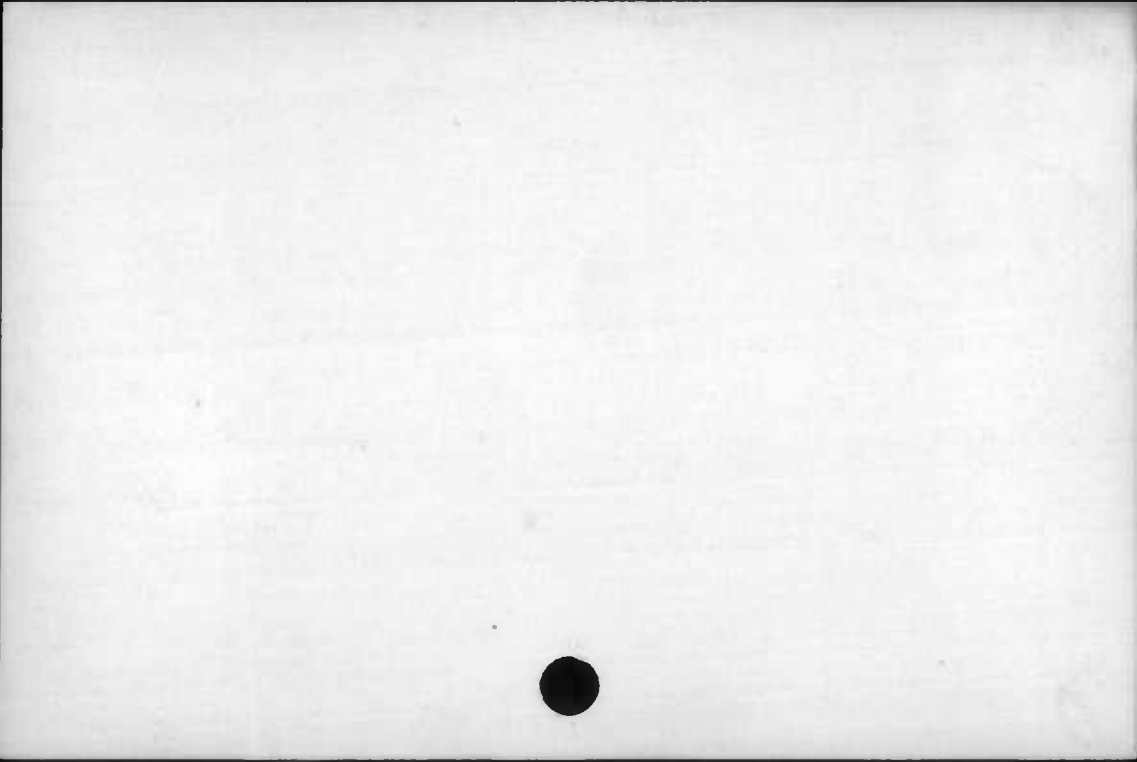
Died at <i>White Plains</i> <sup>Town</sup>		<i>Cherokee</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Oct	Day	17
Age	55	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	ms
Occupation	Farmer		Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Lizzie McPherson</i>		
Father's Name	<i>John Brown</i>			Father's Birthplace	ms
Mother's Maiden Name	<i>Mary Brown</i>			Mother's Birthplace	ms
Name of person giving information	<i>Jim McPherson</i>			How related to deceased	<i>son</i>

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Cholerae m. m.</i>	How long	<i>one year</i>
Immediate	<i>Stomach trouble</i>	How long	<i>short</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>G. O. McPherson</i>
		Address	<i>Ward</i>
Accident or Suicide?			<i>ms</i>



Name  
in  
Full

Elicie Butler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near White Plains</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death	1909	Month	Oct	Day	3	Age	—
Sex	Female	Color or Race	Colored	Months	3	Years	—
Occupation	—		Birth place	Chas Co Md			
Married, Single or Widowed			Where Residing if not at place of death				
—			Near White Plains				
Name of Wife or Husband			—				
Father's Name			Robert Butler		Father's Birthplace		
—			—		Md		
Mother's Maiden Name			Mary McPherson		Mother's Birthplace		
—			—		"		
Name of person giving Information			Robert Butler		How related to deceased		
—			—		Father		

## CAUSES OF DEATH

Primary	Malassimilation	How long	179
Immediate	Exhaustion	How long	3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

None Insatiable  
 Thos M Wilkerson  
 Waldorf Md

Accident or Suicide





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Julia Durington*

Died at *near La Plata* Town *Charles* County **MARYLAND**

Date of death 1909 *Oct* Month *9<sup>th</sup>* Day Age *58* Years Months Days

Sex *female* Color or Race *colored* Birth-place *Charles Co*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Thos. Durington*

Father's Name *John Thompson* Father's Birthplace *Charles Co*

Mother's Maiden Name *Jane Watts* Mother's Birthplace *Charles Co*

Name of person giving Information *G. Dyer* How related to deceased *Son in law*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Cerebral Hemorrhage* How long *sick about 2 weeks*

Immediate *Cardiac + respiratory paralysis* How long *gradual from beginning*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Thos. B. Brown M.D.*

Address *La Plata*

Accident or Suicide *no* *recd*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Augusta Hackerson</i>		Town <i>near Piggah</i>		County <i>Charles</i>		MAYLAND	
Died at		Month <i>9 Oct</i>		Day <i>24</i>		Years <i>—</i>	
Date of death		Age <i>—</i>		Months <i>—</i>		Days <i>1/2</i>	
Sex <i>male</i>		Color or Race <i>Colloid</i>		Birth-place <i>Chas. Co. Md.</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Jno. E. Hackerson</i>		Father's Birthplace <i>Chas. Co. Md.</i>					
Mother's Maiden Name <i>Savana C. Ross</i>		Mother's Birthplace <i>Chas. Co. Md.</i>					
Name of person giving Information <i>J. E. Hackerson</i>		How related to deceased <i>Parent</i>					

## CAUSES OF DEATH

Primary	<i>Unknown</i>	How long <i>179</i>	<input checked="" type="checkbox"/>
Immediate	<i>Unknown</i>	How long <i>—</i>	
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>none in attendance</i>	
Address <i>Chas. D. Carpenter, Sub. Reg. Piggah Md.</i>			
Accident or Suicide <i>8</i>			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Susie Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Bryantown Town Chesapeake County

Date of death 1909 Oct 10 Age 37 Months — Days —

Sex Female Color or Race Black Birth-place Ind

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Joseph Johnson

Father's Name John McKee Father's Birthplace Ind

Mother's Maiden Name Barbara Driver Mother's Birthplace Ind

Name of person giving information Joseph Johnson How related to deceased Nephew

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis How long 10 mo.

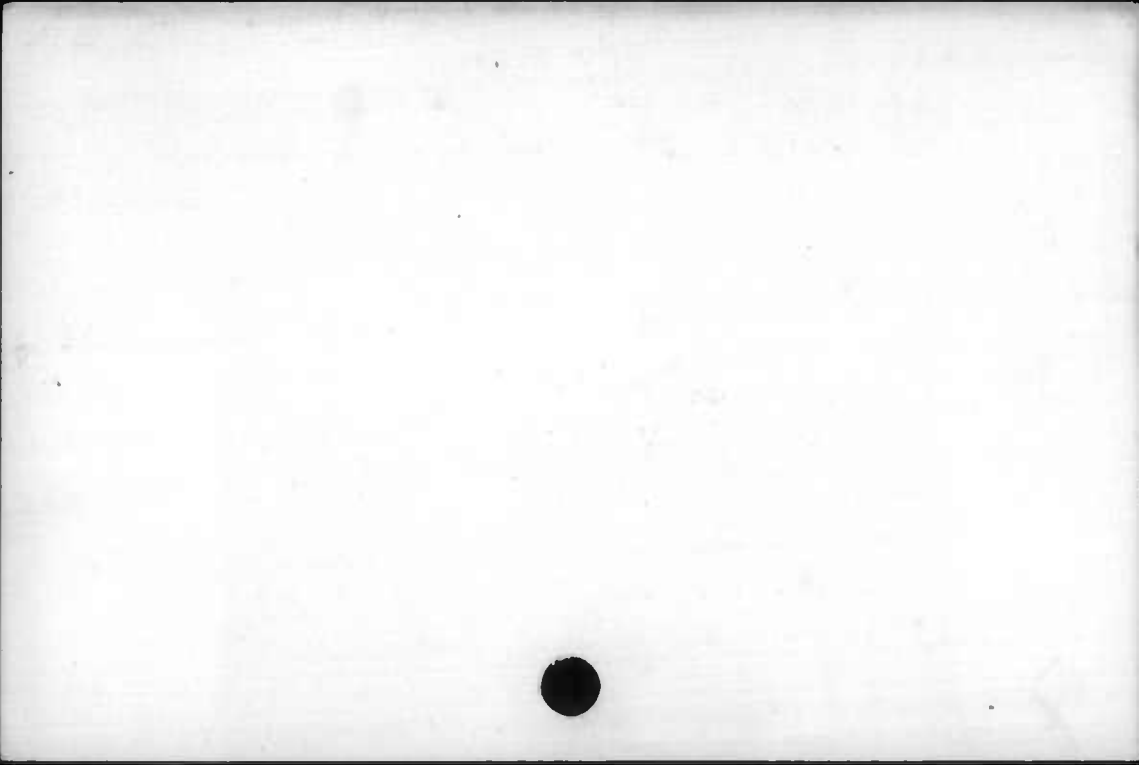
Immediate Heart - failure How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. C. Chappell

Address Highway

Accident or Suicide? Ind



Name  
in  
Full

Viola Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

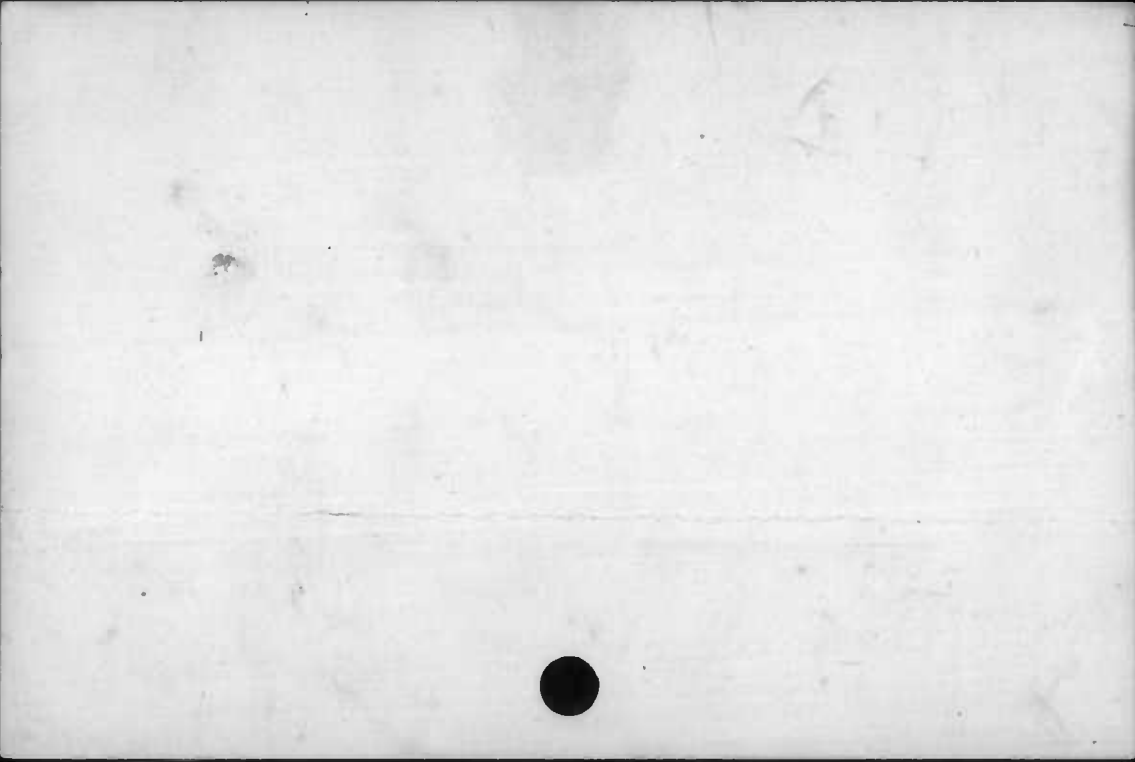
Died at <i>Marshall's Newburg</i> <i>Chales</i>		County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>October</i>	Day	<i>1st</i>
Age	<i>Three</i>	Years		Months	<i>6</i>
Sex	<i>Female</i>	Color or Race	<i>Negro</i>	Birth-place	<i>Marshall's Rest</i>
Occupation	<i>None</i>	Where Residing if not at place of death		<i>Marshall's Rest</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Benjamin Johnson</i>			Father's Birthplace	<i>Near Newburg</i>
Mother's Maiden Name	<i>Matha Sweetney</i>			Mother's Birthplace	<i>Bedard Cove</i>
Name of person giving information	<i>Matha Johnson</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary	<i>Carcinoma of knee joint + groin</i>	How long	<i>9 mos.</i>
Immediate	<i>Don't know</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Reuben Langbe.</i>
		Address	<i>Newburg</i>
Accident or Suicide?	<i>No</i>		<i>Me</i>





Name  
in  
Full

Adrian Morris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Oct	Day	30	Age	22
Sex	Male	Color or Race	African	Birth-place	Charles Co	
Occupation	Labourer	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	James Morris	Father's Birthplace Charles Co				
Mother's Maiden Name	Flora Mudd	Mother's Birthplace Charles Co				
Name of person giving Information	Mac. J. Morris	How related to deceased Brother				

## CAUSES OF DEATH

Primary	How long
Typhoid Fever	26 days
Immediate	How long
Inanition	

Are the name, age, sex, color, date and place correctly given above?

Yes

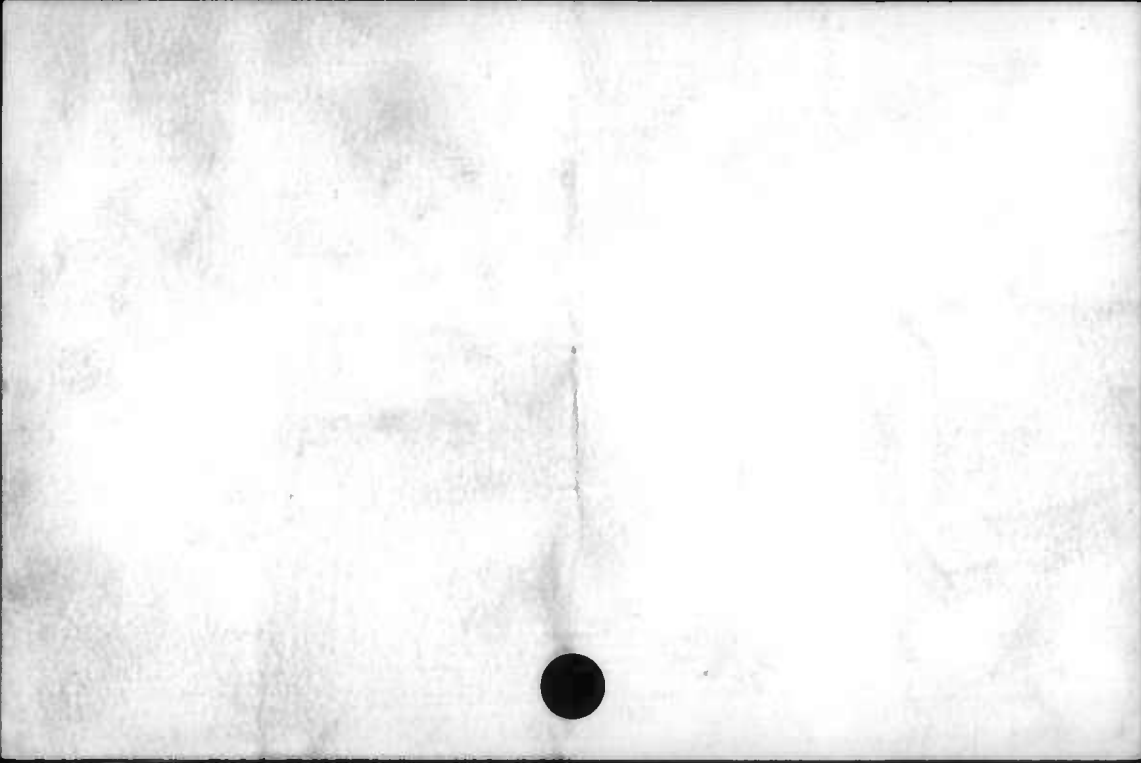
Signature of Physician

Address

E. Spencer  
Bel Air  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

*Infant*  
Town *Pommonkey*

*Thomas*  
County *Chae*

MARYLAND

Date

of death *1909 Oct 18*

Age

Years

Months

Days

Sex

*Male*

Color or  
Race

*Colored*

Birth-  
place

*Ind*

Occupation

Where Residing if not  
et place of death

*at place of death*

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Wace Thomas*

Father's  
Birthplace

*Ind*

Mother's  
Maiden Name

*Hester Thompson*

Mother's  
Birthplace

*Ind*

Name of person giving  
Information

*Wace Thomas*

How related  
to deceased

*Father*

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*John P Marshall*  
Address *Pommonkey Ind*  
*Sub R 24*

Accident or Suicide

*Ind*

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*J. W. Trabolt*

Town *Marshall Hall* County *Chesapeake*

Died at *Marshall Hall*

MARYLAND

Date of death *1909 Oct 3* Age *38* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Cincinnati Ohio*

Occupation *Printer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *J. W. Riley* How related to deceased *None*

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

*Drowed in shallow water and striking head on the rocky bottom*

Primary *Concussion of the brain* How long *3 1/2 hours*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. W. Titchner M.D.* Address *Pocomoke Md*

Accident or Suicide *Accident*



Name  
in  
Full

CERTIFICATE OF DEATH

Henry A. Turner Sr.  
Town Bryanston County Charles

MARYLAND

Died at Month Day Year Months Days

Date of death 1909 Oct; 12 Age 61

Sex male Color or Race White Birth-place Md.

Occupation Farmer & Merchant Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband Amelia Turner (deceased)

Father's Name William Turner Father's Birthplace Md

Mother's Maiden Name Elizabeth Bean Mother's Birthplace Md

Name of person giving Information H. A. Turner Jr How related to deceased Son

CAUSES OF DEATH

56

Primary Chronic Alcoholism How long 20 years

Immediate "Heart failure" How long An hour

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician

Address

J. C. Carried on, D.  
Bryanston, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Ascher H. Wadga

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Druidtown</u> <sup>Town</sup>		<u>Chase</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Oct-	24	Age	67
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation	Iron		Where Residing if not at place of death <u>at home</u>		
Married, Single or Widowed	Widow	Name of Wife or Husband <u>J. Wadga</u>			
Father's Name	Thomas Wadga			Father's Birthplace	Ind
Mother's Maiden Name	Elizabeth Wadga			Mother's Birthplace	Ind
Name of person giving Information	Theresa Wadga			How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Paralysis</u>	How long	<u>2 1/2 hrs</u>
Immediate	<u>Stroke</u>	How long	<u>Stroke</u>
Are the name, age, sex, color, data and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>G. O. Annon</u>
		Address	<u>Druidtown</u>
Accident or Suicide	<u>Stroke</u>		<u>Thy</u>

